

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Western District of Texas

Case number (If known): _____

Chapter you are filing under:



Chapter 7



Chapter 11



Chapter 12



Chapter 13

Check if this is an
amended filing**Official Form 101****Voluntary Petition for Individuals Filing for Bankruptcy****06/24**

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself**1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

About Debtor 1:**Jose**

First name

Paolo

Middle name

Soriano

Last name

Suffix (Sr., Jr, II, III)

About Debtor 2 (Spouse Only in a Joint Case):**Shea**

First name

Brianne

Middle name

Soriano

Last name

Suffix (Sr., Jr, II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names and any assumed, trade names and *doing business as* names.

Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.

Paolo

First name

Paolo

Middle name

Soriano

Last name

Business name (if applicable)

Business name (if applicable)

Shea

First name

Brianne

Middle name

Craig

Last name

Business name (if applicable)

Business name (if applicable)

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)xxx - xx - **3 3 7 2**

OR

9xx - xx - _ _ _ _

xxx - xx - **3 6 7 0**

OR

9xx - xx - _ _ _ _

Debtor 1
Debtor 2**Jose
Shea**

First Name

**Paolo
Brienne**

Middle Name

**Soriano
Soriano**

Last Name

Case number (if known) _____

About Debtor 1:**About Debtor 2 (Spouse Only in a Joint Case):****4. Your Employer Identification
Number (EIN), if any.**

EIN

EIN

EIN

EIN

5. Where you live**5905 Leisure Run Rd**

Number Street

Austin, TX 78745-3924

City State ZIP Code

Travis

County

**If your mailing address is different from the one above,
fill it in here.** Note that the court will send any notices to
you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

If Debtor 2 lives at a different address:

Number Street

City State ZIP Code

County

**If Debtor 2's mailing address is different from yours, fill
it in here.** Note that the court will send any notices to you
at this mailing address.

Number Street

P.O. Box

City State ZIP Code

**6. Why you are choosing *this*
district to file for bankruptcy***Check one:*☒ Over the last 180 days before filing this petition, I
have lived in this district longer than in any other
district.☐ I have another reason. Explain.
(See 28 U.S.C. § 1408)_____

_____*Check one:*☒ Over the last 180 days before filing this petition, I
have lived in this district longer than in any other
district.☐ I have another reason. Explain.
(See 28 U.S.C. § 1408)_____

Debtor 1
Debtor 2**Jose
Shea**

First Name

**Paolo
Brianne**

Middle Name

**Soriano
Soriano**

Last Name

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case**7. The chapter of the Bankruptcy Code you are choosing to file under***Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- ☒ Chapter 7
- ☐ Chapter 11
- ☐ Chapter 12
- ☐ Chapter 13

8. How you will pay the fee

- ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?☒ No.

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?☒ No.

☐ Yes. Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

11. Do you rent your residence?☒ No. Go to line 12.☐ Yes. Has your landlord obtained an eviction judgment against you?☐ No. Go to line 12.☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1
Debtor 2**Jose
Shea**

First Name

**Paolo
Brianne**

Middle Name

**Soriano
Soriano**

Last Name

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?**

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.



No. Go to Part 4.



Yes. Name and location of business

Name of business, if any

Number

Street

City

State

ZIP Code

Check the appropriate box to describe your business:



Health Care Business (as defined in 11 U.S.C. § 101(27A))



Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))



Stockbroker (as defined in 11 U.S.C. § 101(53A))



Commodity Broker (as defined in 11 U.S.C. § 101(6))



None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).



No. I am not filing under Chapter 11.



No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.



Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.



Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Debtor 1
Debtor 2**Jose
Shea**

First Name

**Paolo
Brianne**

Middle Name

**Soriano
Soriano**

Last Name

Case number (if known) _____

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

- 14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?



No.



Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number Street

City

State

ZIP Code

Debtor 1
Debtor 2**Jose
Shea**

First Name

**Paolo
Brianne**

Middle Name

**Soriano
Soriano**

Last Name

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1
Debtor 2**Jose
Shea**

First Name

**Paolo
Brianne**

Middle Name

**Soriano
Soriano**

Last Name

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes**16. What kind of debts do you have?****16a. Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☒ No. Go to line 16b.
☐ Yes. Go to line 17.

16b. Are your debts primarily business debts? *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☐ No. Go to line 16c.
☒ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.**17. Are you filing under Chapter 7?**☐ No. I am not filing under Chapter 7. Go to line 18.**Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?**

- ☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
☒ No
☐ Yes

18. How many creditors do you estimate that you owe?

- ☐ 1-49 ☐ 1,000-5,000 ☐ 25,001-50,000 ☐ 50,000-100,000 ☐ More than 100,000
☒ 50-99 ☐ 5,001-10,000
☐ 100-199 ☐ 10,001-25,000
☐ 200-999

19. How much do you estimate your assets to be worth?

- ☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
☒ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

20. How much do you estimate your liabilities to be?

- ☐ \$0-\$50,000 ☒ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Part 7: Sign Below**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Jose Paolo Soriano

Jose Paolo Soriano, Debtor 1

Executed on **12/20/2024**

MM/ DD/ YYYY

X /s/ Shea Brianne Soriano

Shea Brianne Soriano, Debtor 2

Executed on **12/20/2024**

MM/ DD/ YYYY

Debtor 1
Debtor 2**Jose
Shea**

First Name

**Paolo
Brienne**

Middle Name

**Soriano
Soriano**

Last Name

Case number (if known) _____

**For your attorney, if you are
represented by one****If you are not represented by an
attorney, you do not need to file this
page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X**/s/ Kannon Moore**

Signature of Attorney for Debtor

Date **12/20/2024**

MM / DD / YYYY

Kannon Moore

Printed name

Kannon Moore Law

Firm name

7500 Rialto Blvd 1-250

Number Street

Austin

City

TX

State

78735

ZIP Code

Contact phone **(512) 379-8080**Email address **kannon@kannonmoorelaw.com****24110128**

Bar number

TX

State

Fill in this information to identify your case and this filing:

Debtor 1	Jose	Paolo	Soriano
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Shea	Brianne	Soriano
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Western District of Texas			
Case number _____			

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1 **Homestead**

Street address, if available, or other description

5905 Leisure Run Rd**Austin, TX 78745-3924**

City State ZIP Code

Travis

County

What is the property? Check all that apply.

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Source of Value: **CAD**

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$544,523.00

Current value of the portion you own?

\$544,523.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple
☒ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here

**\$544,523.00**

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
- ☒ Yes

Debtor **Soriano, Jose Paolo; Soriano, Shea Brianne**

Case number (if known) _____

- 3.1 Make: **Chevrolet** Who has an interest in the property? Check one.
- Model: **Silverado 1500** ☐ Debtor 1 only
- Year: **2024** ☒ Debtor 2 only
- Approximate mileage: **15000.00** ☐ Debtor 1 and Debtor 2 only
- Other information: ☐ At least one of the debtors and another
- ☒ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.Current value of the entire property?
\$50,451.00Current value of the portion you own?
\$50,451.00Source of Value: KBB
VIN: 3GCPAEE85RG198400

If you own or have more than one, describe here:

- 3.2 Make: **BMW** Who has an interest in the property? Check one.
- Model: **x5** ☒ Debtor 1 only
- Year: **2022** ☐ Debtor 2 only
- Approximate mileage: **20000.00** ☐ Debtor 1 and Debtor 2 only
- Other information: ☐ At least one of the debtors and another
- ☒ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.Current value of the entire property?
\$43,839.00Current value of the portion you own?
\$43,839.00Source of Value: KBB
VIN: 5UXCR4C04N9K658044. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories***Examples:* Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
- ☐ Yes

- 4.1 Make: _____ Who has an interest in the property? Check one.
- Model: _____ ☐ Debtor 1 only
- Year: _____ ☐ Debtor 2 only
- Other information: ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.Current value of the entire property?
_____Current value of the portion you own?

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

**\$94,290.00****Part 3:** Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

Debtor **Soriano, Jose Paolo; Soriano, Shea Brianne**

Case number (if known) _____

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No

☒ Yes. Describe.

Dining set, kitchen essentials, dresser, night stand, bed room sets, living room furniture and decor

\$4,000.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

☒ Yes. Describe.

Phones (2), Tvs (2), Ipads (2), Speakers, headphones, computer and other small electronics

\$2,200.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No

☐ Yes. Describe.

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No

☐ Yes. Describe.

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☐ No

☒ Yes. Describe.

Handgun and assault rifle

\$600.00

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.

Shirts, dresses, pants, shorts, shoes, hats and other accessories

\$1,000.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe.

Watches, rings, necklaces, and other miscellaneous costume jewelry

\$3,000.00

Debtor **Soriano, Jose Paolo; Soriano, Shea Brianne**

Case number (if known) _____

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☐ No

☒ Yes. Describe.

Supply for two small dogs

\$200.00

14. Any other personal and household items you did not already list, including any health aids you did not list

☒ No

☐ Yes. Give specific information.

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here →

\$11,000.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☒ No

☐ Yes Cash:

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes

Institution name:

17.1. Checking account:	PNC Bank Account Number: XXXXXX4407	<u>\$0.00</u>
17.2. Checking account:	PNC Bank Account Number: 5932	<u>\$1,890.56</u>
17.3. Checking account:	UFCU Account Number: 2668	<u>\$429.00</u>
17.4. Savings account:	PNC Bank Account Number: XXXXXX924	<u>\$0.00</u>
17.5. Savings account:	PNC Bank Account Number: XXXXXX959	<u>\$0.00</u>
17.6. Savings account:	UFCU Account Number: 2668	<u>\$0.00</u>
17.7. Other financial account:	Apple Cash	<u>\$0.00</u>
17.8. Other financial account:	Venmo Account	<u>\$0.00</u>
17.9. Other financial account:	Zelle Account	<u>\$0.00</u>

Debtor **Soriano, Jose Paolo; Soriano, Shea Brianne**

Case number (if known) _____

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes Institution or issuer name:

_____	_____
_____	_____
_____	_____

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☒ No

☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

_____	_____	_____
_____	_____	_____
_____	_____	_____

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them.....

Issuer name:

_____	_____
_____	_____
_____	_____

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☐ No

☒ Yes. List each account separately.

Type of account:

Institution name:

401(k) or similar plan:	PWC 401k	\$51,688.49
Additional account:	PWC - Wealth Builder Plan	\$22,488.32

Debtor **Soriano, Jose Paolo; Soriano, Shea Brianne**

Case number (if known) _____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes

Institution name or individual:

Electric:

Gas:

Heating oil:

Security deposit on rental unit:

Prepaid rent:

Telephone:

Water:

Rented furniture:

Other:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes

Issuer name and description:

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

☒ No

☐ Yes. Give specific information about them. ...

Debtor **Soriano, Jose Paolo; Soriano, Shea Brianne**

Case number (if known) _____

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them. ...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them. ...

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

☒ No

☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.

Federal:

State:

Local:

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No

☐ Yes. Give specific information.

Alimony:

Maintenance:

Support:

Divorce settlement:

Property settlement:

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No

☐ Yes. Give specific information.

Debtor **Soriano, Jose Paolo; Soriano, Shea Brianne**

Case number (if known) _____

31. Interests in insurance policies*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance☐ No☒ Yes. Name the insurance company of each policy and list its value. ...

Company name:

Beneficiary:

Surrender or refund value:

Guardian Term Life insuranceShea Brianne Soriano or
Jose Paolo Soriano\$0.00Guardian Whole Life InsuranceShea Brianne Soriano\$618.78**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No☐ Yes. Give specific information.**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples:* Accidents, employment disputes, insurance claims, or rights to sue☒ No☐ Yes. Describe each claim.**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☒ No☐ Yes. Describe each claim.**35. Any financial assets you did not already list**☒ No☐ Yes. Give specific information.**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here****\$77,115.15****Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**☐ No. Go to Part 6.☒ Yes. Go to line 38.**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.

Debtor **Soriano, Jose Paolo; Soriano, Shea Brianne**

Case number (if known) _____

38. Accounts receivable or commissions you already earned

☒ No

☐ Yes. Describe.

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☐ No

☒ Yes. Describe.

Miscellaneous office furniture of low value

\$500.00

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

☒ No

☐ Yes. Describe.

41. Inventory

☒ No

☐ Yes. Describe.

42. Interests in partnerships or joint ventures

☒ No

☐ Yes. Describe

Name of entity:

% of ownership:

43. Customer lists, mailing lists, or other compilations

☒ No

☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?

☐ No

☐ Yes. Describe.

Debtor **Soriano, Jose Paolo; Soriano, Shea Brianne**

Case number (if known) _____

44. **Any business-related property you did not already list**

- ☒ No
☐ Yes. Give specific information

45. **Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here**



\$500.00

Part 6:

Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

46. **Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

- ☒ No. Go to Part 7.
☐ Yes. Go to line 47.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

47. **Farm animals**

Examples: Livestock, poultry, farm-raised fish

- ☒ No
☐ Yes

--

48. **Crops—either growing or harvested**

- ☒ No
☐ Yes. Give specific information.

--

49. **Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**

- ☒ No
☐ Yes

--

50. **Farm and fishing supplies, chemicals, and feed**

- ☒ No
☐ Yes

--

Debtor **Soriano, Jose Paolo; Soriano, Shea Brianne**

Case number (if known) _____

51. Any farm- and commercial fishing-related property you did not already list

☒ No

☐ Yes. Give specific information.

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here



\$0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☒ No

☐ Yes. Give specific information.

54. Add the dollar value of all of your entries from Part 7. Write that number here



\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2



\$544,523.00

56. Part 2: Total vehicles, line 5 \$94,290.00

57. Part 3: Total personal and household items, line 15 \$11,000.00

58. Part 4: Total financial assets, line 36 \$77,115.15

59. Part 5: Total business-related property, line 45 \$500.00

60. Part 6: Total farm- and fishing-related property, line 52 \$0.00

61. Part 7: Total other property not listed, line 54 + \$0.00

62. Total personal property. Add lines 56 through 61.

\$182,905.15

Copy personal property total ➔

+ \$182,905.15

63. Total of all property on Schedule A/B. Add line 55 + line 62.

\$727,428.15

Fill in this information to identify your case:

Debtor 1	Jose	Paolo	Soriano
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Shea	Brianne	Soriano
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Western District of Texas			
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	
Brief description: Homestead 5905 Leisure Run Rd Austin, TX 78745-3924	\$544,523.00	<input checked="" type="checkbox"/> \$11,744.00	Const. art. 16 §§ 50, 51, Texas Prop. Code §§ 41.001-.002
Line from <i>Schedule A/B</i> : 1.1		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

3. Are you claiming a homestead exemption of more than \$189,050?

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
☐ No
☐ Yes

Debtor 1 Jose Paolo Soriano Case number (if known) _____
 Debtor 2 Shea Brianne Soriano
 First Name Middle Name Last Name

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Brief description: 2022 BMW x5 VIN: <u>5UXCR4C04N9K65804</u> Line from Schedule A/B: <u>3.1</u>	<u>\$43,839.00</u>	<input checked="" type="checkbox"/> <u>\$2,971.10</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(9)</u>
Brief description: 2024 Chevrolet Silverado 1500 VIN: <u>3GCPAEE85RG198400</u> Line from Schedule A/B: <u>3.2</u>	<u>\$50,451.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(9)</u>
Brief description: Dining set, kitchen essentials, dresser, night stand, bed room sets, living room furniture and decor Line from Schedule A/B: <u>6</u>	<u>\$4,000.00</u>	<input checked="" type="checkbox"/> <u>\$4,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)</u>
Brief description: Phones (2), Tvs (2), Ipads (2), Speakers, headphones, computer and other small electronics Line from Schedule A/B: <u>7</u>	<u>\$2,200.00</u>	<input checked="" type="checkbox"/> <u>\$2,200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)</u>
Brief description: Handgun and assault rifle Line from Schedule A/B: <u>10</u>	<u>\$600.00</u>	<input checked="" type="checkbox"/> <u>\$600.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(7)</u>

Debtor 1 Jose Paolo Soriano Case number (if known) _____
 Debtor 2 Shea Brianne Soriano
 First Name Middle Name Last Name

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Brief description: <u>Shirts, dresses, pants, shorts, shoes, hats and other accessories</u> Line from Schedule A/B: <u>11</u>	<u>\$1,000.00</u>	<input checked="" type="checkbox"/> <u>\$1,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(5)</u>
Brief description: <u>Watches, rings, necklaces, and other miscellaneous costume jewelry</u> Line from Schedule A/B: <u>12</u>	<u>\$3,000.00</u>	<input checked="" type="checkbox"/> <u>\$3,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(6)</u>
Brief description: <u>Supply for two small dogs</u> Line from Schedule A/B: <u>13</u>	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(11)</u>
Brief description: <u>PNC Bank Checking account Acct. No.: 5932</u> Line from Schedule A/B: <u>17</u>	<u>\$1,890.56</u>	<input checked="" type="checkbox"/> <u>\$1,890.56</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>15 U.S.C. § 1673</u>
Brief description: <u>UFCU Checking account Acct. No.: 2668</u> Line from Schedule A/B: <u>17</u>	<u>\$429.00</u>	<input checked="" type="checkbox"/> <u>\$429.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>15 U.S.C. § 1673</u>
Brief description: <u>UFCU Savings account Acct. No.: 2668</u> Line from Schedule A/B: <u>17</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>15 U.S.C. § 1673</u>
Brief description: <u>Apple Cash Other financial account</u> Line from Schedule A/B: <u>17</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>15 U.S.C. § 1673</u>

Debtor 1 Jose Paolo Soriano Case number (if known) _____
 Debtor 2 Shea Brianne Soriano
 First Name Middle Name Last Name

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Brief description: <u>Zelle Account</u> <u>Other financial account</u> Line from Schedule A/B: <u>17</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>15 U.S.C. § 1673</u>
Brief description: <u>PNC Bank</u> <u>Checking account</u> <u>Acct. No.: XXXXXX4407</u> Line from Schedule A/B: <u>17</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>15 U.S.C. § 1673</u>
Brief description: <u>PNC Bank</u> <u>Savings account</u> <u>Acct. No.: XXXXXX924</u> Line from Schedule A/B: <u>17</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>15 U.S.C. § 1673</u>
Brief description: <u>PNC Bank</u> <u>Savings account</u> <u>Acct. No.: XXXXXX959</u> Line from Schedule A/B: <u>17</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>15 U.S.C. § 1673</u>
Brief description: <u>Venmo Account</u> <u>Other financial account</u> Line from Schedule A/B: <u>17</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>15 U.S.C. § 1673</u>
Brief description: <u>PWC 401k</u> Line from Schedule A/B: <u>21</u>	<u>\$51,688.49</u>	<input checked="" type="checkbox"/> <u>\$51,688.49</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code § 42.0021</u>
Brief description: <u>PWC - Wealth Builder Plan</u> Line from Schedule A/B: <u>21</u>	<u>\$22,488.32</u>	<input checked="" type="checkbox"/> <u>\$22,488.32</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Prop. Code § 42.0021</u>
Brief description: <u>Guardian Whole Life Insurance</u> Line from Schedule A/B: <u>31</u>	<u>\$618.78</u>	<input checked="" type="checkbox"/> <u>\$618.78</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Tex. Ins. Code §§ 1108.001, 1108.051</u>

Debtor 1 Jose Paolo Soriano Case number (if known) _____
 Debtor 2 Shea Brianne Soriano
 First Name Middle Name Last Name

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Brief description:	<u>Guardian Term Life insurance</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u>	<u>Tex. Ins. Code §§ 1108.001, 1108.051</u>
Line from Schedule A/B:	<u>31</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	<u>Miscellaneous office furniture of low value</u>	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u>	<u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(4)</u>
Line from Schedule A/B:	<u>39</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

Fill in this information to identify your case:

Debtor 1	Jose	Paolo	Soriano
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Shea	Brianne	Soriano
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Western District of Texas			
Case number (if known) _____			

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Column C

Unsecured portion

If any

2.1	Ally Financial	Describe the property that secures the claim:	\$58,034.00	\$50,451.00	\$7,583.00
-----	-----------------------	--	--------------------	--------------------	-------------------

Creditor's Name

Po Box 380901

Number Street

Minneapolis, MN 55438

City State ZIP Code

Who owes the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☒ Check if this claim relates to a community debt

Date debt was incurred _____ Last 4 digits of account number _____

2024 Chevrolet Silverado 1500

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
- ☐ Statutory lien (such as tax lien, mechanic's lien)
- ☐ Judgment lien from a lawsuit
- ☐ Other (including a right to offset) _____

Add the dollar value of your entries in Column A on this page. Write that number here:

\$58,034.00

Debtor 1 Jose Paolo Soriano Case number (if known) _____
 Debtor 2 Shea Brianne Soriano
 First Name Middle Name Last Name

Part 1:	Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	Column A	Column B	Column C	
		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any	
2.2	BMW BANK OF NORTH AMERICA Creditor's Name P.O. BOX 78066 Number Street Phoenix, AZ 85062 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____	Describe the property that secures the claim: 2022 BMW x5 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	\$40,867.90	\$43,839.00	\$0.00
2.3	PennyMac Loan Services LLC Creditor's Name PO Box BOX 514387 Number Street Los Angeles, CA 90051 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>02/11/2022</u>	Describe the property that secures the claim: Homestead 5905 Leisure Run Rd Austin, TX 78745-3924 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	\$532,779.00	\$544,523.00	\$0.00
Add the dollar value of your entries in Column A on this page. Write that number here:		\$573,646.90			
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:		\$631,680.90			

Fill in this information to identify your case:

Debtor 1 Jose Paolo Soriano
 First Name Middle Name Last Name

Debtor 2 Shea Brianne Soriano
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Texas

Case number _____
 (if known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

			Total claim	Priority amount	Nonpriority amount
2.1	Texas Comptroller Priority Creditor's Name Lyndon B. Johnson State Office Bldg 111 East 17th Street Number Street Austin, TX 78774 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? <u>2024</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$31,155.91	\$31,155.91	\$0.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt			Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
Remarks: 400 Colorado LLC - Debt for 2024					

Debtor 1 Jose Paolo Soriano Case number (if known) _____
 Debtor 2 Shea Brianne Soriano
 First Name Middle Name Last Name

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.		Total claim	Priority amount	Nonpriority amount
2.2	Texas Comptroller Priority Creditor's Name Lyndon B. Johnson State Office Bldg 111 East 17th Street Number Street Austin, TX 78774 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? <u>2024</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$70,232.40	\$70,232.40
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		
Remarks: 504 W 24th Street Suite B OpCo LLC - Debt for 2024				

Debtor 1 Jose Paolo Soriano Case number (if known) _____
 Debtor 2 Shea Brianne Soriano
 First Name Middle Name Last Name

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.				Total claim	Priority amount	Nonpriority amount
2.3	Texas Comptroller	Last 4 digits of account number	_____	\$46,991.06	\$46,991.06	\$0.00
Priority Creditor's Name		When was the debt incurred?				
Lyndon B. Johnson State Office Bldg		2024				
111 East 17th Street		As of the date you file, the claim is: Check all that apply.				
Number	Street	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Austin, TX 78774						
City	State	ZIP Code				
Who incurred the debt? Check one.						
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt						
Type of PRIORITY unsecured claim:						
<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____						
Is the claim subject to offset?						
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
Remarks: 110 E. Riverside Opco LLC - Debt for 2024						
2.4	Texas Comptroller	Last 4 digits of account number	_____	\$8,833.39	\$8,833.39	\$0.00
Priority Creditor's Name		When was the debt incurred?				
Lyndon B. Johnson State Office Bldg		2024				
111 East 17th Street		As of the date you file, the claim is: Check all that apply.				
Number	Street	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Austin, TX 78774						
City	State	ZIP Code				
Who incurred the debt? Check one.						
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt						
Type of PRIORITY unsecured claim:						
<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____						
Is the claim subject to offset?						
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
Remarks: 720 Space ATX LLC - Debt for 2024						

Debtor 1	<u>Jose</u>	<u>Paolo</u>	<u>Soriano</u>	Case number (if known) _____
Debtor 2	<u>Shea</u>	<u>Brianne</u>	<u>Soriano</u>	
	First Name	Middle Name	Last Name	

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

				Total claim
4.1	2016 Tiger Terrance	Last 4 digits of account number	_____	unknown
	Nonpriority Creditor's Name	When was the debt incurred?	_____	
	c/o Abigal Ventress			
	4-6 N Lee Street Suite 103	As of the date you file, the claim is: Check all that apply.		
	Number Street	<input type="checkbox"/> Contingent		
	Round Rock, TX 78664	<input type="checkbox"/> Unliquidated		
	City State ZIP Code	<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify Business Debts		
	<input checked="" type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input type="checkbox"/> No			
	<input checked="" type="checkbox"/> Yes			
4.2	968 W Veterans Realty LLC	Last 4 digits of account number	_____	\$13,977.50
	Nonpriority Creditor's Name	When was the debt incurred?	07/01/2024	
	dba Aspire Funding Platform			
	7901 4TH ST N STE 300	As of the date you file, the claim is: Check all that apply.		
	Number Street	<input type="checkbox"/> Contingent		
	Saint Petersburg, FL 33702	<input type="checkbox"/> Unliquidated		
	City State ZIP Code	<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify Business Debts		
	<input checked="" type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			

Debtor 1 Jose Paolo Soriano Case number (if known) _____
 Debtor 2 Shea Brianne Soriano
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.3 Allen Ojeda Last 4 digits of account number _____ **unknown**

Nonpriority Creditor's Name
12800 Briar Forest Dr #45
 Number Street
Houston, TX 77077
 City State ZIP Code

Who incurred the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?
☐ No
☒ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Business Debts

4.4 American Express Last 4 digits of account number 7 5 3 3 **\$16,996.00**

Nonpriority Creditor's Name
Po Box 6031
 Number Street
Carol Stream, IL 60197-6031
 City State ZIP Code

Who incurred the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?
☒ No
☐ Yes

When was the debt incurred? 02/15/2020

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Credit Card

Debtor 1 Jose Paolo Soriano Case number (if known) _____
 Debtor 2 Shea Brianne Soriano
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.5	American Express Nonpriority Creditor's Name <u>Po Box 6031</u> Number Street <u>Carol Stream, IL 60197-6031</u> City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>4</u> <u>9</u> <u>3</u> <u>3</u> When was the debt incurred? <u>09/06/2022</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	\$4,429.00
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4.6	American Express Nonpriority Creditor's Name <u>Po Box 6031</u> Number Street <u>Carol Stream, IL 60197-6031</u> City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>2</u> <u>8</u> <u>4</u> <u>3</u> When was the debt incurred? <u>11/29/2021</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	\$78,492.00
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Debtor 1 Jose Paolo Soriano Case number (if known) _____
 Debtor 2 Shea Brianne Soriano
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.7	American Express Nonpriority Creditor's Name <u>Po Box 6031</u> Number Street <u>Carol Stream, IL 60197-6031</u> City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1 0 0 1</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	\$42,436.61
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4.8	Capital One Nonpriority Creditor's Name <u>Po Box 31293</u> Number Street <u>Salt Lake Cty, UT 84131-0293</u> City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>2 2 0 8</u> When was the debt incurred? <u>11/06/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	\$1,592.68
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Debtor 1 Jose Paolo Soriano Case number (if known) _____
 Debtor 2 Shea Brianne Soriano
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.9	Capital One Nonpriority Creditor's Name <u>Po Box 31293</u> Number Street <u>Salt Lake Cty, UT 84131-0293</u> City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3 0 7 8</u> When was the debt incurred? <u>02/22/2019</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	\$1,838.00
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4.10	Capital One Nonpriority Creditor's Name <u>Po Box 31293</u> Number Street <u>Salt Lake Cty, UT 84131-0293</u> City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>9 8 0 3</u> When was the debt incurred? <u>11/07/2023</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	\$1,889.00
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Debtor 1 Jose Paolo Soriano Case number (if known) _____
 Debtor 2 Shea Brianne Soriano
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.11	Capital One Nonpriority Creditor's Name <u>Po Box 31293</u> Number Street <u>Salt Lake Cty, UT 84131-0293</u> City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>8 7 6 4</u> When was the debt incurred? <u>11/29/2021</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	\$9,925.42
4.12	Carter Sackman Jr. Nonpriority Creditor's Name <u>2308 Holly Street</u> Number Street <u>Austin, TX 78702</u> City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? <u>08/23/2024</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business Debts</u>	\$30,000.00

Debtor 1	<u>Jose</u>	<u>Paolo</u>	<u>Soriano</u>	Case number (if known) _____
Debtor 2	<u>Shea</u>	<u>Brianne</u>	<u>Soriano</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<div style="border: 1px solid black; padding: 2px;">4.13</div>	<p>Comprehensive Merchant</p> <p>Nonpriority Creditor's Name <u>9821 E. Bay Harbor Dr. 706 706</u></p> <p>Number Street</p> <p><u>Miami Beach, FL 33154</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? <u>06/11/2024</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business Debts</u></p>	<p>\$47,135.80</p>
<div style="border: 1px solid black; padding: 2px;">4.14</div>	<p>Department of Education</p> <p>Nonpriority Creditor's Name <u>Office of General Counsel</u></p> <p><u>400 Maryland Ave, SW Room 6E353</u></p> <p>Number Street</p> <p><u>Washington, DC 20202</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>1</u> <u>2</u> <u>0</u> <u>3</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Student Loans</u></p>	<p>\$10,296.41</p>

Debtor 1	<u>Jose</u>	<u>Paolo</u>	<u>Soriano</u>	Case number (if known) _____
Debtor 2	<u>Shea</u>	<u>Brianne</u>	<u>Soriano</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<p>4.15</p> <p><u>Department of Education</u></p> <p>Nonpriority Creditor's Name</p> <p><u>Office of General Counsel</u></p> <p><u>400 Maryland Ave, SW Room 6E353</u></p> <p>Number Street</p> <p><u>Washington, DC 20202</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>1</u> <u>4</u> <u>5</u> <u>7</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input checked="" type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other. Specify _____</p>	<p>\$11,512.95</p>
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<p>4.16</p> <p><u>Department of Education</u></p> <p>Nonpriority Creditor's Name</p> <p><u>Office of General Counsel</u></p> <p><u>400 Maryland Ave, SW Room 6E353</u></p> <p>Number Street</p> <p><u>Washington, DC 20202</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>1</u> <u>4</u> <u>6</u> <u>8</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Student Loans</u></p>	<p>\$9,823.04</p>
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Debtor 1	<u>Jose</u>	<u>Paolo</u>	<u>Soriano</u>	Case number (if known) _____
Debtor 2	<u>Shea</u>	<u>Brianne</u>	<u>Soriano</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<p>4.17 <u>Department of Education</u></p> <p>Nonpriority Creditor's Name</p> <p><u>Office of General Counsel</u></p> <p><u>400 Maryland Ave, SW Room 6E353</u></p> <p>Number Street</p> <p><u>Washington, DC 20202</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>1 4 7 2</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Student Loans</u></p>	<p>\$10,815.18</p>
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<p>4.18 <u>Department of Education</u></p> <p>Nonpriority Creditor's Name</p> <p><u>Office of General Counsel</u></p> <p><u>400 Maryland Ave, SW Room 6E353</u></p> <p>Number Street</p> <p><u>Washington, DC 20202</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>5 2 2 2</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Student Loans</u></p>	<p>\$1,249.23</p>
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Debtor 1 Jose Paolo Soriano Case number (if known) _____
 Debtor 2 Shea Brianne Soriano
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.19	Dept of Ed / Nelnet Nonpriority Creditor's Name Po Box 82561 Number Street Lincoln, NE 68501-2561 City State ZIP Code	Last 4 digits of account number <u>0 0 0 0</u> When was the debt incurred? <u>08/19/2009</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$137.00</u>
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Student Loans</u>	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

4.20	Dept of Ed / Nelnet Nonpriority Creditor's Name Po Box 82561 Number Street Lincoln, NE 68501-2561 City State ZIP Code	Last 4 digits of account number <u>0 0 0 0</u> When was the debt incurred? <u>05/25/2010</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$131.00</u>
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Student Loans</u>	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1	<u>Jose</u>	<u>Paolo</u>	<u>Soriano</u>	Case number (if known) _____
Debtor 2	<u>Shea</u>	<u>Brianne</u>	<u>Soriano</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<p>4.21</p> <p><u>Dept of Ed / Nelnet</u></p> <p>Nonpriority Creditor's Name</p> <p><u>Po Box 82561</u></p> <p>Number Street</p> <p><u>Lincoln, NE 68501-2561</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>0</u> <u>0</u> <u>0</u> <u>0</u></p> <p>When was the debt incurred? <u>08/20/2010</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Student Loans</u></p>	<p>\$245.00</p>
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<p>4.22</p> <p><u>Dept of Ed / Nelnet</u></p> <p>Nonpriority Creditor's Name</p> <p><u>Po Box 82561</u></p> <p>Number Street</p> <p><u>Lincoln, NE 68501-2561</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>0</u> <u>0</u> <u>0</u> <u>0</u></p> <p>When was the debt incurred? <u>05/25/2010</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Student Loans</u></p>	<p>\$257.00</p>
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Debtor 1 Jose Paolo Soriano Case number (if known) _____
 Debtor 2 Shea Brianne Soriano
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.23	Dept of Ed / Nelnet Nonpriority Creditor's Name <u>Po Box 82561</u> Number Street <u>Lincoln, NE 68501-2561</u> City State ZIP Code	Last 4 digits of account number <u>0 0 0 0</u> When was the debt incurred? <u>08/20/2010</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Student Loans</u>	\$242.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

4.24	Dept of Ed / Nelnet Nonpriority Creditor's Name <u>Po Box 82561</u> Number Street <u>Lincoln, NE 68501-2561</u> City State ZIP Code	Last 4 digits of account number <u>0 0 0 0</u> When was the debt incurred? <u>08/16/2011</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Student Loans</u>	\$268.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Jose Paolo Soriano Case number (if known) _____
 Debtor 2 Shea Brianne Soriano
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.25	Dept of Ed / Nelnet Nonpriority Creditor's Name <u>Po Box 82561</u> Number Street <u>Lincoln, NE 68501-2561</u> City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0 0 0 0</u> When was the debt incurred? <u>08/16/2011</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Student Loans</u>	\$117.00
4.26	Divvy Loans Nonpriority Creditor's Name <u>BILL's</u> <u>6220 America Center Drive suite 100</u> Number Street <u>Alviso, CA 95002</u> City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business Debts</u>	\$60,296.00

Debtor 1 Jose Paolo Soriano Case number (if known) _____
 Debtor 2 Shea Brianne Soriano
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.27	Divvy Loans Nonpriority Creditor's Name BILL's 6220 America Center Drive suite 100 Number Street Alviso, CA 95002 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business Debts</u>	\$7,938.20
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4.28	Divvy Loans Nonpriority Creditor's Name BILL's 6220 America Center Drive suite 100 Number Street Alviso, CA 95002 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business Debts</u>	\$12,817.00
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Debtor 1	<u>Jose</u>	<u>Paolo</u>	<u>Soriano</u>	Case number (if known) _____
Debtor 2	<u>Shea</u>	<u>Brianne</u>	<u>Soriano</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.29	Eastside Boilers <hr/> Nonpriority Creditor's Name c/o Gregory Pitt <hr/> 160 Wildhorse Crk <hr/> Number _____ Street _____ Buda, TX 78610 <hr/> City _____ State _____ ZIP Code _____	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	unknown
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business Debts</u>			

4.30	First United Bank <hr/> Nonpriority Creditor's Name P.O. BOX 130 <hr/> Number _____ Street _____ Durant, OK 74702 <hr/> City _____ State _____ ZIP Code _____	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$500,000.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Line of Credit</u>			

Debtor 1	<u>Jose</u>	<u>Paolo</u>	<u>Soriano</u>	Case number (if known) _____
Debtor 2	<u>Shea</u>	<u>Brianne</u>	<u>Soriano</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<p>4.31 <u>Funding Metrics LLC</u></p> <p>Nonpriority Creditor's Name</p> <p><u>3220 Tillman Drive Suite 200</u></p> <p>Number Street</p> <p><u>Bensalem, PA 19020</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? <u>06/07/2024</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Business Debts</u></p>	<p><u>\$81,378.07</u></p>
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<p>4.32 <u>Godspeed Talent</u></p> <p>Nonpriority Creditor's Name</p> <p><u>c/o Sam Kulka</u></p> <p><u>2607 Trailside Dr #3</u></p> <p>Number Street</p> <p><u>Austin, TX 78704</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Business Debts</u></p>	<p><u>unknown</u></p>
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Debtor 1	<u>Jose</u>	<u>Paolo</u>	<u>Soriano</u>	Case number (if known) _____
Debtor 2	<u>Shea</u>	<u>Brianne</u>	<u>Soriano</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.33	Horizon Bank <hr/> Nonpriority Creditor's Name 600 W 5th Street <hr/> Number Street Austin, TX 78701 <hr/> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business Debts</u>	unknown
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
4.34	inKind Cards Inc. <hr/> Nonpriority Creditor's Name inKind Credit Fund LP <hr/> 600 Congress Ave 1700 <hr/> Number Street Austin, TX 78701 <hr/> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? <u>01/31/2024</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business Debts</u>	\$1,463,414.60
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Jose Paolo Soriano Case number (if known) _____
 Debtor 2 Shea Brianne Soriano
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.35	Itria Ventures LLC Nonpriority Creditor's Name 1 Penn Plaza #4915 Number Street New York, NY 10119 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business Debts</u>	\$318,000.00
4.36	Jane Doe Nonpriority Creditor's Name c/o Louie Cook 653 Everhard RD STE 105 Number Street Corpus Christi, TX 78411 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business Debts</u>	unknown

Debtor 1 Jose Paolo Soriano Case number (if known) _____
 Debtor 2 Shea Brianne Soriano
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.37	Jesusa Bargas Nonpriority Creditor's Name <u>c/o Dario Bargas JR</u> <u>5114 Balcones Woods Drive Ste 307</u> Number Street <u>Austin, TX 78759</u> City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business Debts</u>	<u>unknown</u>
4.38	JPMCB - Card Services Nonpriority Creditor's Name <u>301 N Walnut St</u> Number Street <u>Wilmington, DE 19801-4050</u> City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>4 7 2 0</u> When was the debt incurred? <u>05/11/2017</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	<u>\$33,124.00</u>

Debtor 1	<u>Jose</u>	<u>Paolo</u>	<u>Soriano</u>	Case number (if known) _____
Debtor 2	<u>Shea</u>	<u>Brianne</u>	<u>Soriano</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<p>4.39 <u>Mackay Perry</u></p> <p>Nonpriority Creditor's Name</p> <p><u>c/o Emily Frost</u></p> <p><u>2499 S Capital of Texas Hwy</u></p> <p>Number Street</p> <p><u>Austin, TX 78746</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Business Debts</u></p>	<p><u>unknown</u></p>
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<p>4.40 <u>Martin Amps</u></p> <p>Nonpriority Creditor's Name</p> <p><u>c/o Austin Kirst</u></p> <p><u>303 Camp Craft Rd. Suite 325</u></p> <p>Number Street</p> <p><u>Austin, TX 78746</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Business Debts</u></p>	<p><u>unknown</u></p>
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Debtor 1	<u>Jose</u>	<u>Paolo</u>	<u>Soriano</u>	Case number (if known) _____
Debtor 2	<u>Shea</u>	<u>Brianne</u>	<u>Soriano</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<p>4.41 <u>Michael Sellman</u></p> <p>Nonpriority Creditor's Name</p> <p><u>c/o Boone A. Almanza</u></p> <p><u>2301 S Capital of Texas HWY BLDG H</u></p> <p>Number Street</p> <p><u>Austin, TX 78746</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Business Debts</u></p>	<p><u>unknown</u></p>
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<p>4.42 <u>Pacific Seafood Group</u></p> <p>Nonpriority Creditor's Name</p> <p><u>3019 NE Interstate 410 Loop</u></p> <p>Number Street</p> <p><u>San Antonio, TX 78218</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Business Debts</u></p>	<p><u>\$1,634.44</u></p>
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Debtor 1	<u>Jose</u>	<u>Paolo</u>	<u>Soriano</u>	Case number (if known) _____
Debtor 2	<u>Shea</u>	<u>Brianne</u>	<u>Soriano</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<p>4.43 <u>Pacific Seafood Group</u></p> <p>Nonpriority Creditor's Name</p> <p><u>3019 NE Interstate 410 Loop</u></p> <p>Number Street</p> <p><u>San Antonio, TX 78218</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u> </u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Business Debts</u></p>	<p><u>\$765.22</u></p>
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<p>4.44 <u>Ricardo Alfonso Vega Castro</u></p> <p>Nonpriority Creditor's Name</p> <p><u>c/o John Duff</u></p> <p><u>719 S Shoreline BLVD</u></p> <p>Number Street</p> <p><u>Corpus Christi, TX 78401</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u> </u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Business Debts</u></p>	<p><u>unknown</u></p>
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Debtor 1	<u>Jose</u>	<u>Paolo</u>	<u>Soriano</u>	Case number (if known) _____
Debtor 2	<u>Shea</u>	<u>Brianne</u>	<u>Soriano</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.45 <u>Rich Gottbrath</u> Nonpriority Creditor's Name <u>1602 S 3rd</u> Number Street <u>Austin, TX 78704</u> City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? <u>08/23/2024</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business Debts</u>	\$115,000.00
4.46 <u>Ryan Keas</u> Nonpriority Creditor's Name <u>8001 S I35 Frontage Rd 621</u> Number Street <u>Austin, TX 78744</u> City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? <u>08/16/2023</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business Debts</u>	\$41,000.00

Debtor 1	<u>Jose</u>	<u>Paolo</u>	<u>Soriano</u>	Case number (if known) _____
Debtor 2	<u>Shea</u>	<u>Brianne</u>	<u>Soriano</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<div style="border: 1px solid black; padding: 2px;">4.47</div>	<p>Ryan OMalley</p> <p>Nonpriority Creditor's Name</p> <p><u>218 8th street</u></p> <p>Number Street</p> <p><u>Hermosa Beach, CA 90254</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Business Debts</u></p>	<p><u>\$10,000.00</u></p>
<div style="border: 1px solid black; padding: 2px;">4.48</div>	<p>Samuel Coon</p> <p>Nonpriority Creditor's Name</p> <p><u>3939 Bee Cave Road</u></p> <p>Number Street</p> <p><u>Austin, TX 78746</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Business Debts</u></p>	<p><u>\$55,000.00</u></p>

Debtor 1 Jose Paolo Soriano Case number (if known) _____
 Debtor 2 Shea Brianne Soriano
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.49	Sofi Bank Nonpriority Creditor's Name <u>2750 E Cottonwood Pkwy</u> Number Street <u>Salt Lake City, UT 84121</u> City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>L 1 5 8</u> When was the debt incurred? <u>11/16/2023</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Unsecured Loan</u>	\$78,335.00
4.50	Sysco Credit Department Nonpriority Creditor's Name <u>2130 Queens Chapel Rd</u> Number Street <u>Washington, DC 20018</u> City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business Debts</u>	\$2,257.77

Debtor 1 Jose Paolo Soriano Case number (if known) _____
 Debtor 2 Shea Brianne Soriano
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.51	Sysco Credit Department Nonpriority Creditor's Name <u>2130 Queens Chapel Rd</u> Number Street <u>Washington, DC 20018</u> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business Debts</u>	\$1,186.24
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

4.52	University Federal Credit Union Nonpriority Creditor's Name <u>8303 N MOPAC EXPY</u> Number Street <u>Austin, TX 78759</u> City State ZIP Code	Last 4 digits of account number <u>0 1 7 2</u> When was the debt incurred? <u>03/10/2009</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	\$1,850.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1	<u>Jose</u>	<u>Paolo</u>	<u>Soriano</u>	Case number (if known) _____
Debtor 2	<u>Shea</u>	<u>Brianne</u>	<u>Soriano</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<p>4.53 <u>VeraBank, National Association</u></p> <p>Nonpriority Creditor's Name</p> <p><u>1111 W 6th Street, 200</u></p> <p>Number Street</p> <p><u>Austin, TX 78703</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>0 1 0 5</u></p> <p>When was the debt incurred? <u>04/12/2024</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Business Debts</u></p>	<p>\$118,000.00</p>
<p>4.54 <u>VeraBank, National Association</u></p> <p>Nonpriority Creditor's Name</p> <p><u>1111 W 6th Street, 200</u></p> <p>Number Street</p> <p><u>Austin, TX 78703</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>1 3 7 1</u></p> <p>When was the debt incurred? <u>11/03/2022</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Business Debts</u></p>	<p>\$143,000.00</p>

Debtor 1 Jose Paolo Soriano Case number (if known) _____
 Debtor 2 Shea Brianne Soriano
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.55	VeraBank, National Association	Last 4 digits of account number	<u>3</u> <u>6</u> <u>5</u> <u>4</u>	\$82,000.00
Nonpriority Creditor's Name		When was the debt incurred?		
<u>1111 W 6th Street, 200</u>		<u>07/28/2023</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
<u>Austin, TX 78703</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code		Type of NONPRIORITY unsecured claim:		
Who incurred the debt? Check one.		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business Debts</u>		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1	<u>Jose</u>	<u>Paolo</u>	<u>Soriano</u>	Case number (if known) _____
Debtor 2	<u>Shea</u>	<u>Brianne</u>	<u>Soriano</u>	
	First Name	Middle Name	Last Name	

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

1. Nicholas J. Zabala, Law Office LLC On which entry in Part 1 or Part 2 did you list the original creditor?

Name _____ Line 4.31 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

P.O. Box 1359 ☒ Part 2: Creditors with Nonpriority Unsecured Claims

Number _____ Street _____

Last 4 digits of account number _____

Bensalem, PA 19020

City _____ State _____ ZIP Code _____

2. Blake Rasner On which entry in Part 1 or Part 2 did you list the original creditor?

Name _____ Line 4.33 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

100 N Ritchie Road #200 ☒ Part 2: Creditors with Nonpriority Unsecured Claims

Number _____ Street _____

Last 4 digits of account number _____

Woodway, TX 76712

City _____ State _____ ZIP Code _____

3. Nathan Richardson On which entry in Part 1 or Part 2 did you list the original creditor?

Name _____ Line 4.35 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

ATTN: Counsel for Itria Ventures ☒ Part 2: Creditors with Nonpriority Unsecured Claims

1415 Louisiana Street Suite 2100

Number _____ Street _____

Last 4 digits of account number _____

Houston, TX 77002

City _____ State _____ ZIP Code _____

4. Greenberg, Grant & Richards Inc On which entry in Part 1 or Part 2 did you list the original creditor?

Name _____ Line 4.50 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

5858 Westheimer Road Suite 500 ☒ Part 2: Creditors with Nonpriority Unsecured Claims

Number _____ Street _____

Last 4 digits of account number _____

Houston, TX 77057

City _____ State _____ ZIP Code _____

Debtor 1	<u>Jose</u>	<u>Paolo</u>	<u>Soriano</u>	Case number (if known) _____
Debtor 2	<u>Shea</u>	<u>Brianne</u>	<u>Soriano</u>	
	First Name	Middle Name	Last Name	

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. <u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$157,212.76</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$0.00</u>
	6e. Total. Add lines 6a through 6d.	6e. <u>\$157,212.76</u>

		Total claim
Total claims from Part 2	6f. Student loans	6f. <u>\$11,512.95</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$3,409,289.41</u>
	6j. Total. Add lines 6f through 6i.	6j. <u>\$3,420,802.36</u>

Fill in this information to identify your case:

Debtor 1	<u>Jose</u>	<u>Paolo</u>	<u>Soriano</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Shea</u>	<u>Brianne</u>	<u>Soriano</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western District of Texas</u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	Public Storage Name 1507 W William Cannon Dr Number Street Austin, TX 78745 City State ZIP Code	Storage Unit Contract to be ASSUMED
2.2	 Name Number Street City State ZIP Code	
2.3	 Name Number Street City State ZIP Code	
2.4	 Name Number Street City State ZIP Code	

Fill in this information to identify your case:

Debtor 1	<u>Jose</u>	<u>Paolo</u>	<u>Soriano</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Shea</u>	<u>Brianne</u>	<u>Soriano</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Western</u> District of <u>Texas</u>			
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a code debtor.)

- ☒ No
☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☐ No. Go to line 3.
☒ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☐ No

☒ Yes. In which community state or territory did you live? Texas. Fill in the name and current address of that person.
Soriano, Shea Brianne

Name of your spouse, former spouse, or legal equivalent

5905 Leisure Run Rd

Number Street

Austin, TX 78745-3924

City State ZIP Code

☒ Yes. In which community state or territory did you live? Texas. Fill in the name and current address of that person.
Soriano, Jose Paolo

Name of your spouse, former spouse, or legal equivalent

5905 Leisure Run Rd

Number Street

Austin, TX 78745-3924

City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a code debtor if your spouse is filing with you. List the person shown in line 2 again as a code debtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your code debtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name

☐ Schedule D, line _____

Number

Street

☐ Schedule E/F, line _____

City

State

ZIP Code

☐ Schedule G, line _____

Debtor 1	<u>Jose</u>	<u>Paolo</u>	<u>Soriano</u>	Case number (if known) _____
Debtor 2	<u>Shea</u>	<u>Brianne</u>	<u>Soriano</u>	
	First Name	Middle Name	Last Name	

Additional Page to List More Codebtors

Column 1: Your codebtor		Column 2: The creditor to whom you owe the debt
		Check all schedules that apply:
3.2	<div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	<div><input type="checkbox"/> Schedule D, line</div> <div><input type="checkbox"/> Schedule E/F, line</div> <div><input type="checkbox"/> Schedule G, line</div>

Fill in this information to identify your case:

Debtor 1	<u>Jose</u>	<u>Paolo</u>	<u>Soriano</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Shea</u>	<u>Brianne</u>	<u>Soriano</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western District of Texas</u>		
Case number (if known)	<u></u>		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

☐ Employed ☒ Not Employed

Number Street

City State Zip Code

How long employed there?

Debtor 2 or non-filing spouse

☒ Employed ☐ Not EmployedPwC US Group LLPPO Box Box 30004

Number Street

Tampa, FL 33630

City State Zip Code

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

For Debtor 1

For Debtor 2 or
non-filing spouse2. \$0.00 \$10,870.843. + \$0.00 + \$0.004. \$0.00 \$10,870.84

Debtor 1
Debtor 2Jose
SheaPaolo
BrianneSoriano
Soriano

First Name

Middle Name

Last Name

Case number (if known) _____

		For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here.....→	4.	\$0.00	\$10,870.84
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a.	\$0.00	\$2,096.69
5b. Mandatory contributions for retirement plans	5b.	\$0.00	\$0.00
5c. Voluntary contributions for retirement plans	5c.	\$0.00	\$553.99
5d. Required repayments of retirement fund loans	5d.	\$0.00	\$0.00
5e. Insurance	5e.	\$0.00	\$923.18
5f. Domestic support obligations	5f.	\$0.00	\$0.00
5g. Union dues	5g.	\$0.00	\$0.00
5h. Other deductions. Specify: <u>See additional page</u>	5h. +	\$0.00	+ \$515.13
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6.	\$0.00	\$4,088.99
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$0.00	\$6,781.85
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$0.00	\$0.00
8b. Interest and dividends	8b.	\$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$0.00	\$0.00
8d. Unemployment compensation	8d.	\$0.00	\$0.00
8e. Social Security	8e.	\$0.00	\$0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f.	\$0.00	\$0.00
8g. Pension or retirement income	8g.	\$0.00	\$0.00
8h. Other monthly income. Specify: <u>See additional page</u>	8h. +	\$1,000.00	+ \$0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$1,000.00	\$0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10.	\$1,000.00	+ \$6,781.85 = \$7,781.85
11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: _____	11. +		\$0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies	12.		\$7,781.85
Combined monthly income			
13. Do you expect an increase or decrease within the year after you file this form?			
<input checked="" type="checkbox"/> No.			
<input type="checkbox"/> Yes. Explain:			

Debtor 1
Debtor 2

**Jose
Shea**

First Name

**Paolo
Brianne**

Middle Name

**Soriano
Soriano**

Last Name

Case number (if known) _____

	Amount
5h. Other Deductions For Debtor 2 or non-filing spouse	
<u>Recognition Rew</u>	<u>\$95.00</u>
<u>Well Being Rew</u>	<u>\$30.00</u>
<u>Wellness (iFit)</u>	<u>\$9.99</u>
<u>Vision Plan</u>	<u>\$8.00</u>
<u>Dental</u>	<u>\$41.00</u>
<u>401k Roth</u>	<u>\$170.65</u>
<u>Group Legal</u>	<u>\$17.50</u>
<u>Vol Ben Hos Ind</u>	<u>\$12.60</u>
<u>Vol Ben Crit II</u>	<u>\$10.42</u>
<u>Vol Ben Acc Ins</u>	<u>\$15.12</u>
<u>401k Loan 1</u>	<u>\$104.85</u>
8h. Other monthly income For Debtor 1	
<u>Side Job - Choice Roofing, LLC - paid through Zelle</u>	<u>\$1,000.00</u>
8h. Other monthly income For Debtor 2 or non-filing spouse	
<u>401k Loan withdrawal</u>	<u>\$0.00</u>
<u>Commission from accessories sold - The ReelReel</u>	<u>\$0.00</u>

Debtor 1	Jose	Paolo	Soriano	
Debtor 2	Shea	Brianne	Soriano	
	First Name	Middle Name	Last Name	Case number (if known) _____

8a. Attached Statement

1806 E. 12th Street LLC (Skinny's)

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

1. Gross Monthly Income:	<u>\$0.00</u>
--------------------------	----------------------

PART B - ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES:

2. Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition Business Debts

TOTAL PAYMENTS TO SECURED CREDITORS	<u>\$0.00</u>
-------------------------------------	----------------------

3. Other Expenses

TOTAL OTHER EXPENSES	<u>\$0.00</u>
----------------------	----------------------

4. TOTAL MONTHLY EXPENSES(Add item 2 - 21)

<u>\$0.00</u>

PART C - ESTIMATED AVERAGE NET MONTHLY INCOME:

5. AVERAGE NET MONTHLY INCOME(Subtract item 22 from item 1)	<u>\$0.00</u>
---	----------------------

Fill in this information to identify your case:

Debtor 1	<u>Jose</u>	<u>Paolo</u>	<u>Soriano</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Shea</u>	<u>Brianne</u>	<u>Soriano</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western District of Texas</u>		
Case number (if known)	<u></u>		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

☐ No

☒ Yes. Fill out this information for each dependent.....

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Child

1

☐ No. ☒ Yes.

☐ No. ☐ Yes.

☐ No. ☐ Yes.

☐ No. ☐ Yes.

☐ No. ☐ Yes.

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No

☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$3,377.00

If not included in line 4:

4a. Real estate taxes

4a. \$0.00

4b. Property, homeowner's, or renter's insurance

4b. \$0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$100.00

4d. Homeowner's association or condominium dues

4d. \$0.00

Debtor 1 **Jose** **Paolo** **Soriano**
 Debtor 2 **Shea** **Brianne** **Soriano**

First Name Middle Name Last Name

Case number (if known) _____

		Your expenses
5.	Additional mortgage payments for your residence , such as home equity loans	5. <u>\$0.00</u>
6.	Utilities:	
6a.	Electricity, heat, natural gas	6a. <u>\$280.00</u>
6b.	Water, sewer, garbage collection	6b. <u>\$150.00</u>
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. <u>\$415.00</u>
6d.	Other. Specify: _____	6d. <u>\$0.00</u>
7.	Food and housekeeping supplies	7. <u>\$1,100.00</u>
8.	Childcare and children's education costs	8. <u>\$0.00</u>
9.	Clothing, laundry, and dry cleaning	9. <u>\$0.00</u>
10.	Personal care products and services	10. <u>\$87.00</u>
11.	Medical and dental expenses	11. <u>\$0.00</u>
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. <u>\$150.00</u>
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13. <u>\$0.00</u>
14.	Charitable contributions and religious donations	14. <u>\$0.00</u>
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	15a. <u>\$942.42</u>
15b.	Health insurance	15b. <u>\$0.00</u>
15c.	Vehicle insurance	15c. <u>\$387.87</u>
15d.	Other insurance. Specify: _____	15d. <u>\$0.00</u>
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. <u>\$0.00</u>
17.	Installment or lease payments:	
17a.	Car payments for Vehicle 1 <u>2022 BMW x5</u>	17a. <u>\$1,561.89</u>
17b.	Car payments for Vehicle 2 <u>2024 Chevrolet Silverado 1500</u>	17b. <u>\$1,130.67</u>
17c.	Other. Specify: _____	17c. <u>\$0.00</u>
17d.	Other. Specify: _____	17d. <u>\$0.00</u>
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. <u>\$0.00</u>
19.	Other payments you make to support others who do not live with you. Specify: _____	19. <u>\$0.00</u>
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a.	Mortgages on other property	20a. <u>\$0.00</u>
20b.	Real estate taxes	20b. <u>\$0.00</u>
20c.	Property, homeowner's, or renter's insurance	20c. <u>\$0.00</u>
20d.	Maintenance, repair, and upkeep expenses	20d. <u>\$0.00</u>
20e.	Homeowner's association or condominium dues	20e. <u>\$0.00</u>

Debtor 1
Debtor 2

**Jose
Shea**

First Name

**Paolo
Brianne**

Middle Name

**Soriano
Soriano**

Last Name

Case number (if known) _____

21. **Other.** Specify: See Additional Page

21. + \$343.46

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. \$10,025.31

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$10,025.31

23. **Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from *Schedule I*.

23a. \$7,781.85

23b. Copy your monthly expenses from line 22c above.

23b. - \$10,025.31

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. (\$2,243.46)

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Debtor 1	Jose	Paolo	Soriano	
Debtor 2	Shea	Brianne	Soriano	
	First Name	Middle Name	Last Name	Case number (if known) _____

		Amount
6c. Telephone, cell phone, Internet, satellite, and cable services		
Cable/Internet		\$250.00
Cell Phone		\$165.00
21. Other		
Subscriptions		\$100.00
Shea Student Loans		\$243.46

Fill in this information to identify your case:

Debtor 1	<u>Jose</u>	<u>Paolo</u>	<u>Soriano</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Shea</u>	<u>Brianne</u>	<u>Soriano</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western District of Texas</u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

Part 1: Summarize Your Assets

1. **Schedule A/B: Property** (Official Form 106A/B)

1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>	<u>\$544,523.00</u>
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>	<u>\$182,905.15</u>
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>	<u>\$727,428.15</u>

Your assets

Value of what you own

Part 2: Summarize Your Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 106D)

2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>	<u>\$631,680.90</u>
---	---------------------

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	<u>\$157,212.76</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	<u>\$3,420,802.36</u>

Your total liabilities

\$4,209,696.02

Your liabilities

Amount you owe

Part 3: Summarize Your Income and Expenses

4. **Schedule I: Your Income** (Official Form 106I)

Copy your combined monthly income from line 12 of <i>Schedule I</i>	<u>\$7,781.85</u>
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5. **Schedule J: Your Expenses** (Official Form 106J)

Copy your monthly expenses from line 22c of <i>Schedule J</i>	<u>\$10,025.31</u>
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Debtor 1	Jose	Paolo	Soriano	
Debtor 2	Shea	Brianne	Soriano	
	First Name	Middle Name	Last Name	Case number (if known) _____

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

7. What kind of debt do you have?

- ☐ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☒ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	<div></div>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	<div></div>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	<div></div>
9d. Student loans. (Copy line 6f.)	<div></div>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	<div></div>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	<div>+</div> <div></div>
9g. Total. Add lines 9a through 9f.	<div></div>

Fill in this information to identify your case:

Debtor 1	<u>Jose</u>	<u>Paolo</u>	<u>Soriano</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Shea</u>	<u>Brianne</u>	<u>Soriano</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western District of Texas</u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Jose Paolo Soriano
Jose Paolo Soriano, Debtor 1

X /s/ Shea Brianne Soriano
Shea Brianne Soriano, Debtor 2

Date 12/20/2024
MM/ DD/ YYYY

Date 12/20/2024
MM/ DD/ YYYY

Fill in this information to identify your case:

Debtor 1	<u>Jose</u>	<u>Paolo</u>	<u>Soriano</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Shea</u>	<u>Brianne</u>	<u>Soriano</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western District of Texas</u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
- ☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
- ☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
<input type="checkbox"/> Same as Debtor 1		<input type="checkbox"/> Same as Debtor 1	
_____ Number Street	From _____ To _____	_____ Number Street	From _____ To _____
_____ City State ZIP Code		_____ City State ZIP Code	
<input type="checkbox"/> Same as Debtor 1		<input type="checkbox"/> Same as Debtor 1	
_____ Number Street	From _____ To _____	_____ Number Street	From _____ To _____
_____ City State ZIP Code		_____ City State ZIP Code	

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☐ No
- ☒ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

Debtor 1
Debtor 2**Jose
Shea****Paolo
Brianne****Soriano
Soriano**

First Name

Middle Name

Last Name

Case number (if known) _____

Part 2: Explain the Sources of Your Income**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☐ No☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross Income (before deductions and exclusions)	Sources of income Check all that apply.	Gross Income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<u>\$111,766.72</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
For last calendar year: (January 1 to December 31, <u>2023</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<u>\$96,309.00</u> <u>\$140,000.00</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
For the calendar year before that: (January 1 to December 31, <u>2022</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<u>\$99,663.00</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

5. Did you receive any other income during this year or the two previous calendar years?Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.☒ No☐ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross Income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	_____	_____	_____	_____
For last calendar year: (January 1 to December 31, <u>2023</u>) YYYY	_____	_____	_____	_____
For the calendar year before that: (January 1 to December 31, <u>2022</u>) YYYY	_____	_____	_____	_____

Debtor 1	Jose	Paolo	Soriano
Debtor 2	Shea	Brianne	Soriano
	First Name	Middle Name	Last Name

Case number (if known) _____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☒ **No.** **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more?

☐ No. Go to line 7.

- ☒ **Yes.** List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

- ☐ **Yes.** **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☐ No. Go to line 7.

- ☐ **Yes.** List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
PennyMac Loan Services LLC Creditor's Name	12/01/2024	\$10,131.00	\$532,779.00	<input checked="" type="checkbox"/> Mortgage
PO Box BOX 514387 Number Street	11/01/2024			<input type="checkbox"/> Car
Los Angeles, CA 90051 City State ZIP Code	10/01/2024			<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ **No**

- ☐ **Yes.** List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name				
Number Street				
City State ZIP Code				

Debtor 1
Debtor 2**Jose
Shea****Paolo
Brianne****Soriano
Soriano**

First Name

Middle Name

Last Name

Case number (if known) _____

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?
Include payments on debts guaranteed or cosigned by an insider.



No

☐ Yes. List all payments that benefited an insider.

Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
<div>Insider's Name</div> <div>Number Street</div> <div>City State ZIP Code</div>			

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.



No

☒ Yes. Fill in the details.

Nature of the case	Court or agency	Status of the case
<div>Case title</div> <div>ITRIA VENTURES LLC, Plaintiff, v. 110 E. RIVERSIDE OPCO LLC, 110 E. RIVERSIDE MANAGER LLC, 110 E. RIVERSIDE LLC, JOSE PAOLO SORIANO, NOCO HOSPITALITY LLC, 400 COLORADO LLC, 504 W 24TH STREET SUITE B OPCO LLC, 720 SPACE ATX LLC, 1806 E. 12TH STREET LLC, AND 2806 MANOR RD LLC</div> <div>Case number D-1-GN-24-004867</div>	<div>THE DISTRICT COURT OF TRAVIS COUNTY, TEXAS, 419TH, DISTRICT COURT</div> <div>Court Name</div> <div>1000 Guadalupe St</div> <div>Number Street</div> <div>Austin, TX 78701</div> <div>City State ZIP Code</div>	<div><input checked="" type="checkbox"/> Pending</div> <div><input type="checkbox"/> On appeal</div> <div><input type="checkbox"/> Concluded</div>

Debtor 1	Jose	Paolo	Soriano	
Debtor 2	Shea	Brianne	Soriano	
	First Name	Middle Name	Last Name	Case number (if known) _____

	Nature of the case	Court or agency	Status of the case
Case title Martin Amps v 720 Space ATX LLC and Paolo Soriano Case number D-1-GN-24-004317	Alleged breach of contract, breach of fiduciary duty, request for writ of mandamus	Travis County District Clerk - 216th District Court Court Name 1000 Guadalupe St Number Street Austin, TX 78701 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title MacKay Perry v. NoCo Hospitality, LLC et al. Case number 1:24-cv-00366-DI	Alleged FLSA violations, negligence, assault, intentional infliction of emotional distress	Travis County District Clerk Court Name 1000 Guadalupe St Number Street Austin, TX 78701 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title Michael Sellman v. Paolo Soriano et al. Case number C-1-CV-24-003306	Alleged breach of oral contract, quantum meruit, promissory estoppel	Travis County District Clerk Court Name 1000 Guadalupe St Number Street Austin, TX 78701 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title Jesusa Bargas v. NoCo Hospitality LLC d/b/a Estelle's Social Lounge Case number D-1-GN-24-003254	Alleged negligence	Travis County District Clerk Court Name 1000 Guadalupe St Number Street Austin, TX 78701 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title Ricardo Alfonso Vega Castro v. Biglari Holdings, Inc., Maxim Inc., 10 E. Riverside Opco LLC d/b/a Superstition Austin, and Iron Sheath Protection Group LLC Case number D-1-GN-24-003753	Negligence, gross negligence, vicarious liability, respondent superior, negligent hiring/supervision/training /retention/entrustment, negligent infliction of emotional distress, intentional infliction of emotional distress, false imprisonment	Travis County District Clerk Court Name 1000 Guadalupe St Number Street Austin, TX 78701 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor 1	Jose	Paolo	Soriano	
Debtor 2	Shea	Brianne	Soriano	
	First Name	Middle Name	Last Name	Case number (if known) _____

		Nature of the case	Court or agency	Status of the case
Case title	Jane Doe v. BRIAN KERLEY, MICHAEL INGRAM, JOHN DOE, 110 E. RIVERSIDE OPCO, LLC, 110 E. RIVERSIDE MANAGER, LLC , 110 E. RIVERSIDE, LLC, NoCo HOSPITALITY, LLC and RDCWORLD, LLC	Sexual assault, negligence, gross negligence, dram shop liability, negligence per se, negligent undertaking, respondent superior	Travis County District Clerk Court Name 1000 Guadalupe St Number Street Austin, TX 78701 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number	D-1-GN-24-005617			
Case title	Allen Ojeda v NoCo Hospitality, LLC and Paolo Soriano		Travis County District Clerk Court Name 1000 Guadalupe St Number Street Austin, TX 78701 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number	J1-CV-24-005630			
Case title	Godspeed Talent vs NoCo Hospitality		Travis County District Clerk Court Name 1000 Guadalupe St Number Street Austin, TX 78701 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number	J5-CV-24-273168			
Case title	Eastside Boilers vs NoCo Hospitality		Travis County District Clerk Court Name 1000 Guadalupe St Number Street Austin, TX 78701 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number	J4-CV-24-003867			
Case title	Horizon Bank vs 720 Space ATX LLC		Travis County District Clerk Court Name 1000 Guadalupe St Number Street Austin, TX 78701 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number	C-1-CV-24-005907			
Case title	2016 Tiger Terrance vs Paolo Soriano, 1806 E 12th Street		Travis County District Clerk Court Name 1000 Guadalupe St Number Street Austin, TX 78701 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number	C-1-CV-24-006318			

Debtor 1	Jose	Paolo	Soriano	
Debtor 2	Shea	Brianne	Soriano	
	First Name	Middle Name	Last Name	Case number (if known) _____

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
- ☐ Yes. Fill in the information below.

<p>_____ Creditor's Name</p> <p>_____ Number Street</p> <p>_____ City State ZIP Code</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d3d3d3;"> <th style="width: 70%;">Describe the property</th> <th style="width: 15%;">Date</th> <th style="width: 15%;">Value of the property</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </tbody> </table> <div style="background-color: #d3d3d3; padding: 2px; margin-top: 5px;"> Explain what happened </div> <p><input type="checkbox"/> Property was repossessed.</p> <p><input type="checkbox"/> Property was foreclosed.</p> <p><input type="checkbox"/> Property was garnished.</p> <p><input type="checkbox"/> Property was attached, seized, or levied.</p>	Describe the property	Date	Value of the property			
Describe the property	Date	Value of the property					

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
- ☐ Yes. Fill in the details.

<p>_____ Creditor's Name</p> <p>_____ Number Street</p> <p>_____ City State ZIP Code</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d3d3d3;"> <th style="width: 65%;">Describe the action the creditor took</th> <th style="width: 15%;">Date action was taken</th> <th style="width: 20%;">Amount</th> </tr> </thead> <tbody> <tr> <td style="height: 60px;"></td> <td></td> <td></td> </tr> </tbody> </table> <p style="margin-top: 10px;">Last 4 digits of account number: XXXX— — — —</p>	Describe the action the creditor took	Date action was taken	Amount			
Describe the action the creditor took	Date action was taken	Amount					

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
- ☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
- ☐ Yes. Fill in the details for each gift.

Debtor 1 **Jose** **Paolo** **Soriano**
 Debtor 2 **Shea** **Brianne** **Soriano**

First Name Middle Name Last Name

Case number (if known) _____

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift _____ _____ Number Street _____ City State ZIP Code		_____ _____	_____ _____
Person's relationship to you _____			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No

☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name _____ _____ Number Street _____ City State ZIP Code		_____ _____	_____ _____

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No

☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	Value of property lost
		_____	_____

Debtor 1 **Jose** **Paolo** **Soriano**
 Debtor 2 **Shea** **Brianne** **Soriano**

First Name Middle Name Last Name

Case number (if known) _____

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No
- ☒ Yes. Fill in the details.

Kannon Moore Law

Person Who Was Paid

7500 Rialto Blvd 1-250

Number Street

Austin, TX 78735

City State ZIP Code

Email or website address

Person Who Made the Payment, if Not You

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Attorney's Fee	11/08/2024	\$5,000.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

- ☒ No
- ☐ Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid		
Number Street		
City State ZIP Code		

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No
- ☐ Yes. Fill in the details.

Debtor 1 Debtor 2	Jose Shea	Paolo Brianne	Soriano Soriano	Case number (if known) _____
	First Name	Middle Name	Last Name	

	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer _____			_____
Number _____ Street _____			

City _____ State _____ ZIP Code _____			
Person's relationship to you _____			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?
(These are often called *asset-protection devices*.)

- ☒ No
- ☐ Yes. Fill in the details.

	Description and value of the property transferred	Date transfer was made
Name of trust _____		_____

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☐ No
- ☒ Yes. Fill in the details.

	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
VeraBank, National Association Name of Financial Institution	XXXX- <u>0</u> <u>1</u> <u>8</u> <u>2</u>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	<u>11/2024</u>	_____
1111 W 6th Street, 200 Number _____ Street _____				
Austin, TX 78703 City _____ State _____ ZIP Code _____				

Debtor 1	Jose	Paolo	Soriano			
Debtor 2	Shea	Brianne	Soriano			
	First Name	Middle Name	Last Name	Case number (if known) _____		

	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
VeraBank, National Association Name of Financial Institution 1111 W 6th Street, 200 Number Street Austin, TX 78703 City State ZIP Code	XXXX- <u>5</u> <u>8</u> <u>6</u> <u>9</u>	<input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	<u>11/2024</u>	_____
Horizon Bank Name of Financial Institution 600 West 5th Street Number Street Austin, TX 78701 City State ZIP Code	XXXX- <u>5</u> <u>0</u> <u>1</u> <u>0</u>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	<u>2024</u>	_____
Horizon Bank Name of Financial Institution 600 West 5th Street Number Street Austin, TX 78701 City State ZIP Code	XXXX- <u>0</u> <u>6</u> <u>0</u> <u>2</u>	<input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	<u>2024</u>	_____
Horizon Bank Name of Financial Institution 600 West 5th Street Number Street Austin, TX 78701 City State ZIP Code	XXXX- <u>8</u> <u>2</u> <u>9</u> <u>5</u>	<input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	<u>2024</u>	_____
VeraBank, National Association Name of Financial Institution 1111 W 6th Street, 200 Number Street Austin, TX 78703 City State ZIP Code	XXXX- <u>5</u> <u>8</u> <u>2</u> <u>8</u>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	<u>2024</u>	_____

Debtor 1 **Jose** **Paolo** **Soriano**
 Debtor 2 **Shea** **Brianne** **Soriano**
 First Name Middle Name Last Name Case number (if known) _____

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
---------------------------------	-------------------------------	--	---

VeraBank, National Association

Name of Financial Institution

XXXX- 7 4 9 3

☒ Checking

2024

1111 W 6th Street, 200

Number Street

☐ Savings

☐ Money market

☐ Brokerage

☐ Other _____

Austin, TX 78703

City State ZIP Code

VeraBank, National Association

Name of Financial Institution

XXXX- 9 0 5 1

☒ Checking

2024

1111 W 6th Street, 200

Number Street

☐ Savings

☐ Money market

☐ Brokerage

☐ Other _____

Austin, TX 78703

City State ZIP Code

VeraBank, National Association

Name of Financial Institution

XXXX- 8 9 6 2

☒ Checking

2024

1111 W 6th Street, 200

Number Street

☐ Savings

☐ Money market

☐ Brokerage

☐ Other _____

Austin, TX 78703

City State ZIP Code

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

☒ No

☐ Yes. Fill in the details.

Who else had access to it?	Describe the contents	Do you still have it?
<p>Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p>		<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

Name of Financial Institution

Name

Number Street

Number Street

City State ZIP Code

City State ZIP Code

Debtor 1	Jose	Paolo	Soriano	
Debtor 2	Shea	Brianne	Soriano	
	First Name	Middle Name	Last Name	Case number (if known) _____

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☐ No
- ☒ Yes. Fill in the details.

Who else has or had access to it?	Describe the contents	Do you still have it?
Public Storage Name of Storage Facility 1507 W William Cannon Dr Number Street Austin, TX 78745 City State ZIP Code	Business files, work related document storage.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No
- ☐ Yes. Fill in the details.

Where is the property?	Describe the property	Value
Owner's Name Number Street City State ZIP Code		

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
- ☐ Yes. Fill in the details.

Debtor 1 **Jose** **Paolo** **Soriano**
 Debtor 2 **Shea** **Brianne** **Soriano**
 First Name Middle Name Last Name Case number (if known) _____

Governmental unit		Environmental law, if you know it	Date of notice
Name of site			
Governmental unit			
Number	Street		
City State ZIP Code			
City State ZIP Code			

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site			
Governmental unit			
Number	Street		
City State ZIP Code			
City State ZIP Code			

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
Case title		<input type="checkbox"/> Pending
Court Name		<input type="checkbox"/> On appeal
Number Street		<input type="checkbox"/> Concluded
Case number		
City State ZIP Code		

Debtor 1 **Jose** **Paolo** **Soriano**
 Debtor 2 **Shea** **Brianne** **Soriano**
 First Name Middle Name Last Name

Case number (if known) _____

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☒ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☒ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☒ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation

☐ No. None of the above applies. Go to Part 12.

☒ Yes. Check all that apply above and fill in the details below for each business.

Noco Hospitality LLC

Name _____

1000 E Ceaser Chavez

Number Street _____

Austin, TX 78702

City State ZIP Code _____

720 Space ATX LLC

Name _____

dba Higher Ground

720 Congress Ave.

Number Street _____

Austin, TX 78701

City State ZIP Code _____

110 E Riverside OpCo LLC

Name _____

dba Superstition

110 E. Riverside Dr.

Number Street _____

Austin, TX 78704

City State ZIP Code _____

400 Colorado LLC

Name _____

dba Estelle's

400 Colorado St

Number Street _____

Austin, TX 78701

City State ZIP Code _____

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

EIN: 8 7 - 4 5 8 0 5 0 8

Name of accountant or bookkeeper

Dates business existed

From 01/18/2022 To _____

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

42% Ownership

EIN: 8 5 - 2 2 2 4 7 6 4

Name of accountant or bookkeeper

Dates business existed

From 07/2020 To _____

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

10% ownership

EIN: 8 7 - 2 4 8 9 3 5 3

Name of accountant or bookkeeper

Dates business existed

From 11/2021 To _____

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

50% ownership

EIN: 9 2 - 2 9 5 5 5 2 0

Name of accountant or bookkeeper

Dates business existed

From _____ To _____

Debtor 1
Debtor 2

Jose
Shea

Paolo
Brianne

Soriano
Soriano

First Name

Middle Name

Last Name

Case number (if known) _____

504 W 24th Street Suite B OpCo LLC

Name

dba Victory Lap

504 W 24th St Suite B

Number Street

Austin, TX 78705

City State ZIP Code

Describe the nature of the business

50% ownership

Employer Identification number

Do not include Social Security number or ITIN.

EIN: 9 3 - 2 1 5 7 2 8 4

Name of accountant or bookkeeper

Dates business existed

From _____ To _____

1806 E. 12th Street LLC

Name

dba Skinny's

1806 E. 12th St.

Number Street

Austin, TX 78702

City State ZIP Code

Describe the nature of the business

68% ownership

Employer Identification number

Do not include Social Security number or ITIN.

EIN: 8 7 - 2 9 8 1 6 1 4

Name of accountant or bookkeeper

Dates business existed

From _____ To _____

110 E. Riverside LLC

Name

dba Superstition

110 E. Riverside Dr.

Number Street

Austin, TX 78704

City State ZIP Code

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

EIN: 8 7 - 2 4 8 9 3 5 3

Name of accountant or bookkeeper

Dates business existed

From _____ To _____

110 E. Riverside MGMT LLC

Name

dba Superstition

110 E. Riverside Dr.

Number Street

Austin, TX 78704

City State ZIP Code

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

EIN: 8 7 - 3 5 6 2 1 7 2

Name of accountant or bookkeeper

Dates business existed

From _____ To _____

2405 Nueces Street Suite G OpCo LLC

Name

2405 Nueces Street Suite G

Number Street

Austin, TX 78705

City State ZIP Code

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

EIN: 9 3 - 2 1 7 8 5 7 0

Name of accountant or bookkeeper

Dates business existed

From _____ To _____

Debtor 1	Jose	Paolo	Soriano	Case number (if known) _____
Debtor 2	Shea	Brianne	Soriano	
	First Name	Middle Name	Last Name	

Turning Point Drivers LLC

Name

dba Turning Point Drivers

5905 Leisure Run Rd

Number Street

Austin, TX 78745

City State ZIP Code

Describe the nature of the business

Employer Identification number
Do not include Social Security number or ITIN.

EIN: _____

Name of accountant or bookkeeper

Dates business existed

From _____ To _____

10-16-19 Holdings

Name

1000 E Cesar Chavez

Number Street

Austin, TX 78702

City State ZIP Code

Describe the nature of the business

Employer Identification number
Do not include Social Security number or ITIN.

EIN: 8 5 - 2 2 5 6 3 9 0

Name of accountant or bookkeeper

Dates business existed

From _____ To _____

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No

☐ Yes. Fill in the details below.

Date issued

Name

MM / DD / YYYY

Number Street

City State ZIP Code

Debtor 1
Debtor 2

Jose
Shea

First Name

Paolo
Brianne

Middle Name

Soriano
Soriano

Last Name

Case number (if known) _____

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Jose Paolo Soriano
Signature of Jose Paolo Soriano, Debtor 1

X /s/ Shea Brianne Soriano
Signature of Shea Brianne Soriano, Debtor 2

Date 12/20/2024

Date 12/20/2024

Did you attach additional pages to your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	Jose	Paolo	Soriano
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Shea	Brianne	Soriano
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Western District of Texas		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: PennyMac Loan Services LLC	<input type="checkbox"/> Surrender the property.	<input type="checkbox"/> No
Description of property securing debt: Homestead 5905 Leisure Run Rd Austin, TX 78745-3924	<input type="checkbox"/> Retain the property and redeem it.	<input checked="" type="checkbox"/> Yes
	<input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .	
	<input type="checkbox"/> Retain the property and [explain]:	
Creditor's name: BMW BANK OF NORTH AMERICA	<input type="checkbox"/> Surrender the property.	<input type="checkbox"/> No
Description of property securing debt: 2022 BMW x5	<input type="checkbox"/> Retain the property and redeem it.	<input checked="" type="checkbox"/> Yes
	<input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .	
	<input type="checkbox"/> Retain the property and [explain]:	

Debtor 1
Debtor 2

**Jose
Shea**

First Name

**Paolo
Brianne**

Middle Name

**Soriano
Soriano**

Last Name

Case number (if known) _____

Additional Page for Part 1

Creditor's
name:

Ally Financial

Description of
property
securing debt:

2024 Chevrolet Silverado 1500

☐ Surrender the property.

☒ No

☐ Retain the property and redeem it.

☐ Yes

☒ Retain the property and enter into a
Reaffirmation Agreement.

☐ Retain the property and [explain]:

Debtor 1	Jose	Paolo	Soriano	
Debtor 2	Shea	Brianne	Soriano	
	First Name	Middle Name	Last Name	Case number (if known) _____

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases	Will the lease be assumed?
--	----------------------------

Lessor's name:	Public Storage	<input type="checkbox"/> No
Description of leased property:	Storage Unit	<input checked="" type="checkbox"/> Yes

Lessor's name:		<input type="checkbox"/> No
Description of leased property:		<input type="checkbox"/> Yes

Lessor's name:		<input type="checkbox"/> No
Description of leased property:		<input type="checkbox"/> Yes

Lessor's name:		<input type="checkbox"/> No
Description of leased property:		<input type="checkbox"/> Yes

Lessor's name:		<input type="checkbox"/> No
Description of leased property:		<input type="checkbox"/> Yes

Lessor's name:		<input type="checkbox"/> No
Description of leased property:		<input type="checkbox"/> Yes

Lessor's name:		<input type="checkbox"/> No
Description of leased property:		<input type="checkbox"/> Yes

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X <u>/s/ Jose Paolo Soriano</u>	X <u>/s/ Shea Brianne Soriano</u>
Signature of Debtor 1	Signature of Debtor 2

Date <u>12/20/2024</u>	Date <u>12/20/2024</u>
MM/ DD/ YYYY	MM/ DD/ YYYY

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
Western District of Texas

In re Soriano, Jose Paolo

Soriano, Shea Brianne

Case No. _____

Debtor

Chapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept **\$5,000.00**

Prior to the filing of this statement I have received **\$5,000.00**

Balance Due **\$0.00**

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

B2030 (Form 2030) (12/15)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

12/20/2024

Date

/s/ Kannon Moore

Kannon Moore

Signature of Attorney

Bar Number: 24110128

Kannon Moore Law

7500 Rialto Blvd 1-250

Austin, TX 78735

Phone: (512) 379-8080

Kannon Moore Law

Name of law firm

Fill in this information to identify your case:

Debtor 1	<u>Jose</u>	<u>Paolo</u>	<u>Soriano</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Shea</u>	<u>Brianne</u>	<u>Soriano</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western District of Texas</u>		
Case number (if known)	_____		

☐ Check if this is an amended filing**Official Form 122A-1Supp****Statement of Exemption from Presumption of Abuse Under § 707(b)(2)** 12/15

File this supplement together with *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1), if you believe that you are exempted from a presumption of abuse. Be as complete and accurate as possible. If two married people are filing together, and any of the exclusions in this statement applies to only one of you, the other person should complete a separate Form 122A-1 if you believe that this is required by 11 U.S.C. § 707(b)(2)(C).

Part 1: Identify the Kind of Debts You Have

1. **Are your debts primarily consumer debts?** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." Make sure that your answer is consistent with the answer you gave at line 16 of the *Voluntary Petition* (Official Form 101).
- ☒ No. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.
- ☐ Yes. Go to Part 2.

Part 2: Determine Whether Military Service Provisions Apply to You

2. **Are you a disabled veteran** (as defined in 38 U.S.C. § 3741(1))?
- ☐ No. Go to line 3.
- ☐ Yes. Did you incur debts mostly while you were on active duty or while you were performing a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).
- ☐ No. Go to line 3.
- ☐ Yes. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.
3. **Are you or have you been a Reservist or member of the National Guard?**
- ☐ No. Complete Form 122A-1. Do not submit this supplement.
- ☐ Yes. Were you called to active duty or did you perform a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1)
- ☐ No. Complete Form 122A-1. Do not submit this supplement.
- ☐ Yes. Check any one of the following categories that applies:
- ☐ I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty.
- ☐ I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on _____, which is fewer than 540 days before I file this bankruptcy case.
- ☐ I am performing a homeland defense activity for at least 90 days.
- ☐ I performed a homeland defense activity for at least 90 days, ending on _____, which is fewer than 540 days before I file this bankruptcy case.

If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3, *The Means Test does not apply now*, and sign Part 3. Then submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The *exclusion period* means the time you are on active duty or are performing a homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii).

If your exclusion period ends before your case is closed, you may have to file an amended form later

Fill in this information to identify your case:

Debtor 1	<u>Jose</u>	<u>Paolo</u>	<u>Soriano</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Shea</u>	<u>Brianne</u>	<u>Soriano</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western District of Texas</u>		
Case number (if known)	<u></u>		

Check one box only as directed in this form and in Form 122A-1Supp:

- ☒ 1. There is no presumption of abuse.
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.
- ☐ Check if this is an amended filing

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

12/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- ☐ Not married. Fill out Column A, lines 2-11.
- ☐ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- ☐ Married and your spouse is NOT filing with you. You and your spouse are:
- ☐ Living in the same household and are not legally separated. Fill out both Column A and B, lines 2-11.
- ☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	<u></u>	<u></u>
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	<u></u>	<u></u>
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	<u></u>	<u></u>
5. Net income from operating a business, profession, or farm	Debtor 1	Debtor 2
Gross receipts (before all deductions)	<u></u>	<u></u>
Ordinary and necessary operating expenses	- <u></u>	- <u></u>
Net monthly income from a business, profession, or farm	<u></u>	<u></u>
		Copy here →
6. Net income from rental and other real property	Debtor 1	Debtor 2
Gross receipts (before all deductions)	<u></u>	<u></u>
Ordinary and necessary operating expenses	- <u></u>	- <u></u>
Net monthly income from rental or other real property	<u></u>	<u></u>
		Copy here →
7. Interest, dividends, and royalties	<u></u>	<u></u>

Jose Paolo Soriano
Shea Brianne Soriano

First NameMiddle NameLast Name

Column A
Debtor 1

Column B
Debtor 2 or
non-filing spouse

8. Unemployment compensation

Do not enter the amount if you contend that the amount received was a benefit under

the Social Security Act. Instead, list it here: ↓

For you

For your spouse

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

Total amounts from separate pages, if any.

11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

+ +

=

Total current
monthly income

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11. Copy line 11 here →

Multiply by 12 (the number of months in a year).

x 12

12b. The result is your annual income for this part of the form. 12b.

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

Fill in the number of people in your household.

Fill in the median family income for your state and size of household. 13.

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3.

14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2.

Jose	Paolo	Soriano
Shea	Brianne	Soriano
First Name	Middle Name	Last Name

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X

/s/ Jose Paolo Soriano

Signature of Debtor 1

Date 12/20/2024

MM/ DD/ YYYY

X

/s/ Shea Brianne Soriano

Signature of Debtor 2

Date 12/20/2024

MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A–2.

If you checked line 14b, fill out Form 122A–2 and file it with this form.

First Name

Middle Name

Last Name

Additional Page For 122A-1		
	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
10. Cont.		
Side Job - Choice Roofing, LLC - paid through Zelle	\$333.33	
Wire Transfer from Resilience LLC - Consulting earnings	\$2,500.00	
Guardian Life insurance - loan borrowed against the cash value life insurance	\$306.55	
Bank transfer from Toast Customer	\$166.67	
Wire Transfer from 12th Street LLC - partial repayment of a loan Debtor gave Skinny's	\$833.33	
Transfers from x5851, x0182, x3685, x2503 - Reimbursements for staff payroll that Debtor paid personally or were reimbursement for supplies Debtor paid out of pocket for.	\$13,361.06	
401k Loan withdrawal		\$2,500.00
Commission from accessories sold - The ReelReel		\$55.63

IN THE UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
AUSTIN DIVISION

IN RE: Soriano, Jose Paolo
Soriano, Shea Brianne

CASE NO

CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 12/20/2024

Signature /s/ Jose Paolo Soriano
Jose Paolo Soriano, Debtor

Date 12/20/2024

Signature /s/ Shea Brianne Soriano
Shea Brianne Soriano, Joint Debtor

2016 Tiger Terrance
c/o Abigal Ventress
4-6 N Lee Street Suite 103
Round Rock, TX 78664

968 W Veterans Realty LLC
dba Aspire Funding Platform
7901 4TH ST N STE 300
Saint Petersburg, FL 33702

Allen Ojeda
12800 Briar Forest Dr #45
Houston, TX 77077

Ally Financial
Po Box 380901
Minneapolis, MN 55438

American Express
Po Box 6031
Carol Stream, IL 60197-6031

Blake Rasner Rasner
100 N Ritchie Road #200
Woodway, TX 76712

BMW BANK OF NORTH
AMERICA
P.O. BOX 78066
Phoenix, AZ 85062

Capital One
Po Box 31293
Salt Lake Cty, UT 84131-0293

Carter Sackman Jr.
2308 Holly Street
Austin, TX 78702

Comprehensive Merchant
9821 E. Bay Harbor Dr. 706 706
Miami Beach, FL 33154

Department of Education
Office of General Counsel
400 Maryland Ave, SW Room 6E353
Washington, DC 20202

Dept of Ed / Nelnet
Po Box 82561
Lincoln, NE 68501-2561

Divvy Loans
BILL's
6220 America Center Drive suite 100
Alviso, CA 95002

Eastside Boilers
c/o Gregory Pitt
160 Wildhorse Crk
Buda, TX 78610

First United Bank
P.O. BOX 130
Durant, OK 74702

Funding Metrics LLC
3220 Tillman Drive Suite 200
Bensalem, PA 19020

Godspeed Talent
c/o Sam Kulka
2607 Trailside Dr #3
Austin, TX 78704

Greenberg, Grant & Richards
Inc
5858 Westheimer Road Suite 500
Houston, TX 77057

Horizon Bank
600 W 5th Street
Austin, TX 78701

inKind Cards Inc.
inKind Credit Fund LP
600 Congress Ave 1700
Austin, TX 78701

Internal Revenue Service
Centralized Insolvency Office
P.O. Box 7346
Philadelphia, PA 19101

IRS Insolvency Office
300 E. 8th St. Mail Stop 5026AUS
Austin, TX 78701

Itria Ventures LLC
1 Penn Plaza #4915
New York, NY 10119

Jane Doe
c/o Louie Cook
653 Everhard RD STE 105
Corpus Christi, TX 78411

Jesusa Bargas
c/o Dario Bargas JR
5114 Balcones Woods Drive Ste 307
Austin, TX 78759

JPMCB - Card Services
301 N Walnut St
Wilmington, DE 19801-4050

Mackay Perry
c/o Emily Frost
2499 S Capital of Texas Hwy
Austin, TX 78746

Martin Amps
c/o Austin Kirst
303 Camp Craft Rd. Suite 325
Austin, TX 78746

Michael Sellman
c/o Boone A. Almanza
2301 S Capital of Texas HWY BLDG H
Austin, TX 78746

Nathan Richardson
ATTN: Counsel for Itria Ventures
1415 Louisiana Street Suite 2100
Houston, TX 77002

Nicholas J. Zabala, Law Office
LLC
P.O. Box 1359
Bensalem, PA 19020

Pacific Seafood Group
3019 NE Interstate 410 Loop
San Antonio, TX 78218

PennyMac Loan Services LLC
PO Box BOX 514387
Los Angeles, CA 90051

Public Storage
1507 W William Cannon Dr
Austin, TX 78745

Ricardo Alfonso Vega Castro
c/o John Duff
719 S Shoreline BLVD
Corpus Christi, TX 78401

Rich Gottbrath
1602 S 3rd
Austin, TX 78704

Ryan Keas
8001 S I35 Frontage Rd 621
Austin, TX 78745

Ryan OMalley
218 8th street
Hermosa Beach, CA 90254

Samuel Coon
3939 Bee Cave Road
Austin, TX 78746

Sofi Bank
2750 E Cottonwood Pkwy
Salt Lake City, UT 84121

Sysco Credit Department
2130 Queens Chapel Rd
Washington, DC 20018

Texas Comptroller
Lyndon B. Johnson State Office Bldg
111 East 17th Street
Austin, TX 78774

Texas Workforce Commission
Regulatory Integrity Division
101 E 15th St 556
Austin, TX 78778

Travis County District Clerk
1000 Guadalupe St
Austin, TX 78701

United States Trustee - AU12
903 San Jacinto Blvd. Ste 230
Austin, TX 78701-2450

United States Attorney
Civil Process Clerk- IRS
601 N.W. Loop 410 Ste 600
San Antonio, TX 78216

United States Attorney
General
Department of Justice
950 Pennsylvania Avenue, N.W.
Washington, DC 20530

University Federal Credit
Union
8303 N MOPAC EXPY
Austin, TX 78759

VeraBank, National
Association
1111 W 6th Street, 200
Austin, TX 78703